

**Office of Juvenile Justice  
Key Request Form**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Action:	<input type="checkbox"/> Key Request	<input type="checkbox"/> Replacement	<input type="checkbox"/> Removal of Key
If replacement, was the key: <span style="float: right;"><input type="checkbox"/> Broken <span style="margin-left: 100px;"><input type="checkbox"/> Lost</span></span>			
If the key is broken do you have the broken key: <span style="float: right;"><input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span></span>			
If yes, is the key attached to an Unusual Occurrence Report: <span style="float: right;"><input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span></span>			
If no, in what location is the broken key: _____			

Tag #	Key #	Lock / Brand	Building / Location	Door #	Department

**Employee Responsibility Statement:**

I am aware that keys assigned to be are my responsibility at all times. I will return the keys assigned to me directly to the facility's Key Control Officer upon ending my employment with the Office of Juvenile Justice.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: ☐ Approved ☐ Denied

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director: ☐ Approved ☐ Denied

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Key Control Officer Signature: \_\_\_\_\_

Date Issued and/or Replaced: \_\_\_\_\_

This form shall be used to document the issue of a facility key, replace a broken or lost key, and/or remove a key from a tag that is no longer needed.